

WAUSAUPAPER

January 4, 2007

RCRA RECORDS CENTER
FACILITY WAUSAU PAPER
I.D. NO. MED086875887
FILE LOC. R-1A
OTHER _____

Mr. Ernest Waterman
U.S. EPA Region I
Office of Ecosystem Protection
Hazardous Waste Program Unit
One Congress Street, Suite 1100
Boston, MA 02114-2023

Re: RCRA Subtitle C Site Identification Form

Dear Mr. Waterman:


Please find enclosed our updated RCRA Subtitle C Site Identification Form for the Wausau Paper facility located in Jay, Maine (EPA ID No. MED086875887). Please note that our facility name has changed to Wausau Paper Specialty Products, LLC effective 1/1/07. A copy of the form is also being sent to the Maine DEP office in Augusta.

Sincerely,



Matthew Shedd
Environmental Engineer
207-897-7277

Enclosure:

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number MEID086875887		
3. Site Name (page 14)	Name: Wausau Paper Specialty Products, LLC		
4. Site Location Information (page 14)	Street Address: 1 Mill Street		
	City, Town, or Village: Jay	State: ME	
	County Name: Franklin	Zip Code: 04239	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 322121	B. 322121	
	C. _____	D. _____	
7. Site Mailing Address (page 15)	Street or P. O. Box: 1 Mill Street		
	City, Town, or Village: Jay		
	State: ME		
	Country: USA	Zip Code: 04239	
8. Site Contact Person (page 15)	First Name: Matthew	MI: W	Last Name: Shedd
	Phone Number: 207-897-7277		Email address: mshedd@wausaupaper.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Wausau Paper Specialty Products, LLC		Date Became Operator (mm/dd/yyyy): 01/01/2007
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Wausau Paper Corporation		Date Became Owner (mm/dd/yyyy): 05/12/1997
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Street or P. O. Box: <u>100 Paper Place</u></td><td style="width: 40%;"></td></tr><tr><td colspan="2">City, Town, or Village: <u>Mosinee</u></td></tr><tr><td colspan="2">State: <u>WI</u></td></tr><tr><td>Country: <u>USA</u></td><td>Zip Code: <u>54455</u></td></tr></table>	Street or P. O. Box: <u>100 Paper Place</u>		City, Town, or Village: <u>Mosinee</u>		State: <u>WI</u>		Country: <u>USA</u>	Zip Code: <u>54455</u>										
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Country: <u>USA</u>	Zip Code: <u>54455</u>																		
10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)																			
A. Hazardous Waste Activities Complete all parts for 1 through 6.																			
<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p><p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p><p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p><p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p><p>In addition, indicate other generator activities.</p><p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p><p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p></td><td style="width: 50%; vertical-align: top;"><p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p><p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p><p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p><p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p><p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p><p><input type="checkbox"/> b. Smelting, Melting, and Refining</p><p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p></td></tr></table>		<p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p>																
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11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D004					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>Matthew W. Shedd</i>	Matthew W. Shedd - Environmental Eng.	01/04/2007

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

M E D O 8 6 8 7 5 8 8 7

II. Name of Installation (Include company and specific site name)

WAUSAU PAPERS TECH. SPEC. DIV.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

OTIS MILL

Street (Continued)

1 MILL STREET

City or Town

JAY

State

Zip Code

ME 04239-

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

CROWLEY

(First)

JAMES R.

Job Title

ENV. + SAFETY MGR

Phone Number (Area Code and Number)

207-897-7263

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☒☒☐

B. Street or P.O. Box

1 MILL STREET

City or Town

JAY

State

Zip Code

ME 04239-

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

WAUSAU PAPERS OTIS MILL, INC.

Street, P.O. Box, or Route Number

515 WEST DAVENPORT STREET

City or Town

RHINELANDER

State

Zip Code

WI 54501-

Phone Number (Area Code and Number)

715-369-4160

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

051297

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☒ b. Industrial Boiler
- ☒ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ D004 D007 D008 D006

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D009	2 D018	3 D022	4 D027	5 D035	6 D039
7 D040	8 U002	9 U040	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1 M002	2 M159	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

James R. Crowley

Environmental and Safety Compliance mgr.

6/13/97

XI. Comments

Correspondence to installation owner should be sent to the attention of D. Michael Wilson, V.P. and General Manager, Technical Specialty Papers Division, Rhinelander Paper Company, at the address listed in Section VII.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

M E D 0 8 6 8 7 5 8 8 7

II. Name of Installation (Include company and specific site name)

O T I S S P E C I A L T Y P A P E R S I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

I M I L L S T R E E T

Street (continued)

City or Town

J A Y

State

ZIP Code

M E 0 4 2 3 9 -

County Code

County Name

F R A N K L I N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 1 0

City or Town

J A Y

State

ZIP Code

M E 0 4 2 3 9 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

C R O W L E Y

(first)

J A M E S

Job Title

E N V. D I R E C T O R

Phone Number (area code and number)

2 0 7 - 8 9 7 - 7 2 0 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐
☒

NAME: O T I S S P E C I A L T Y

City or Town

I.D. NO.: 12-14

State

ZIP Code

FILE LOC: 12-14

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

R E X H A M I N C

Street, P.O. Box, or Route Number

4 2 0 1 C O N G R E S S S T S U I T E 3 4 0

City or Town

C H A R L O T T E

State

ZIP Code

N C 2 8 2 0 9 -

Phone Number (area code and number)

7 0 4 - 5 5 1 - 1 5 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

0 3 1 9 9 3

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification <input type="checkbox"/>
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 0 4	D 0 0 7	D 0 0 8	D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

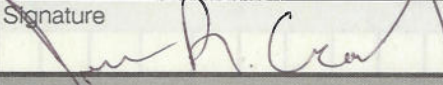
1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
M 0 0 2					

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) JAMES CROWLEY, ENVIRONMENTAL DIRECTOR	Date Signed 5/18/93
--	--	------------------------

XI. Comments

VIRTUALLY ALL OF OUR HAZARDOUS WASTE FALLS INTO THE FOLLOWING CATEGORIES:
#6 OIL FIRED BOILER ASH (ONCE OR TWICE PER YEAR), PCB TRANSFORMER REMOVAL (1 PER YEAR)
OR SAFETY KLEEN SOLVENT (RECYCLED).

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

Chang to SQH
11/9/91

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

M E D 0 8 6 8 7 5 8 8 7

II. Name of Installation (Include company and specific site name)

O T I S S P E C I A L T Y P A P E R S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

I M I L L S T R E E T

Street (continued)

City or Town

J A Y

State

ZIP Code

M E 0 4 2 3 9 -

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 1 0

City or Town

J A Y

State

ZIP Code

M E 0 4 2 3 9 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

C R O W L E Y

(first)

J A M E S

Job Title

E N V . E N G .

Phone Number (area code and number)

2 0 7 - 8 9 7 - 6 7 6 1

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

☐☒

B. Street or P.O. Box

P.O. BOX 10

City or Town

J A Y

State

ZIP Code

M E 0 4 2 3 9 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S P E C I A L T Y C O A T I N G S G R O U P I N C

Street, P.O. Box, or Route Number

T R E D E G A R S T R E E T

City or Town

R I C H M O N D

State

ZIP Code

V A 2 3 2 1 9 -

Phone Number (area code and number)

8 0 4 - 6 4 4 - 5 4 1 1

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

0 3 3 1 9 1

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)
☐ a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity; see instructions.
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below) ☐ 4. Hazardous Waste Fuel
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

X

X

X

D

0

0

7

D

0

0

1

D

0

0

2

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
M	0	0	2		

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)
Environmental Engineer

Date Signed

2/7/91

XI. Comments

James River is transferring ownership of the Otis mill to Specialty Coatings Group, Inc. The operation itself will not change - just the owner.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Notice of Cancellation

clerk 714
FEB 25 1986
OFFICE OF THE
REGIONAL ADMINISTRATOR

TO: ~~Regional Administrator~~
~~U.S. Environmental Protection~~
Agency
John F. Kennedy Building
Boston, MA 02203

☒

The Aetna Casualty & Surety Company

☐

The Standard Fire Insurance Company

☐

RCRA- Causeway

This to notify you that effective April 28, 1986
the Hazardous Waste Facility Certificate of Liability Insurance demonstrating
financial responsibility under 40 C.F.R. 264.147, 265.147 or comparable state
law is cancelled.

Effective April 28, 1986
issued for the following Insured is

Policy Number 58 PB 10481 SCA

☐ Cancelled

☒ NON Renewed

James River Corporation
Name of Insured

P.O. Box 2218 Tredegar St.
Address

Richmond, VA 23217

See Attached
Name of Facility

See Attached
Address

See Attached
E.P.A. Identification Number

R.M. Houskeeper
(Signature)

R.M. Houskeeper, Director, National Accts.
Name & Title of Authorized Representative
of Aetna Casualty & Surety Co.

151 FARMINGTON AVENUE, HARTFORD CT. 06156
Address of Representative

we have a non handler
Maine also.

File in

ME D086875887

clip 4

James River Graphics
Alvord St.
S. Hadley, MA
MAD000846378

James River Graphics
Berkshire St.
Holyoke, MA
MAD001116482

James River Fitchburg
Fitchburg, MA
MAD065777344

James River Pepperell
Pepperell, MA
MAD053478103

James River Massachusetts
Papermaking
Fitchburg, MA
MAD0003912888

James River Massachusetts
Converting
Fitchburg, MA
MAD075365650

James River Rochester
Adams, MA
VAD082881861

James River Otis
Jay, ME
MED086875887

James River
Berlin/Gorham, N.H.
Pulp Mill
NHD001079896

James River
Berlin/Gorham N.H.
Cascade Paper Mill
NHD000842575

James River Graphics
Gaylord St.
South Hadley, Mass
MAD001115765

Company Name: James River Corp, Otis Division
Address: P. O. Box 10, Jay, Me. 04239
Telephone: 207-897-6761
EPA I.D.#: MED086875887

Contact Person: Jerry Iannucci
Date: 9-30-85

GENERATOR STATUS

1. Is your facility a generator of hazardous waste? Y ☒ N
2. Do you think that your facility might generate hazardous waste within the next 5 years. Y ☒ N
3. Does your facility generate more than 100kg (220lb or about 1/2 a 55gal drum) of hazardous waste per one month? Y ☒ N

STORAGE/TREATMENT/DISPOSAL

4. Is the waste stored on your facility site? Y ☒ N
5. Is your facility storing the waste for more than 90 days? Y ☒ N
6. Is the waste being treated by your facility? Y ☒ N
- 6a If yes, how is it treated?

TRANSPORTER

7. Is the substance being transported by your company? Y ☒ N
- 7a. If yes, what is your state (Maine) hazardous waste transporter license number? If you have none please indicate. # _____
- 7b. What is your EPA hazardous waste transporter license number? # _____
8. If no, Your transporter name(s). Please list if so needed.
- 8a. Transporter address if located in Maine.
- 8b. Transporter state (Maine) hazardous waste transporter license number.
- 8c. Transporter EPA hazardous waste license number.

PROTECTIVE FILER

9. Does your facility operate as a protective filer? ☒ Y ☒ N
- 10 Has your facility applied for a TSD closure? Y ☒ N
- If so, when?
- Is your company planning on applying for a closure? Y ☒ N

RCRA RECORDS CENTER
FACILITY Wau Sae PAPERS Tech. Spec.
I.D. NO. MED086875887
FILE LOC. _____
OTHER _____

AKA. OTIS SPECIALTY PAPERS INC



JAMES RIVER-OTIS, INC.

P.O. BOX 10, JAY, MAINE 04239 TEL: 207-897-6761

October 27, 1980

*Deleted
TSD E/K
11/24*

Mr. Rich Carvagnero
EPA Region I
Permits Branch
P. O. Box 8748
Boston, Mass.

Subject: Permit requirements in compliance with RCRA
EPA Identification No. ME D086875887

Dear Mr. Cavagnero:

When I filed our notification of Hazardous Waste Activity to meet the August 18, 1980 deadline, I indicated that at this facility we generate, treat, store and dispose of hazardous waste. I would like to have this form corrected. We generate only, and, in very small amounts to approximately 1 drum per month (waste oil and kerosene used for cleaning), which gets picked up by a licensed processor for re-use. However, we are contemplating on the idea of re-using this waste.

This mill site, initially, was a part of International Paper Company and at that time facilities here provided to make this a closed system. Under James River Corporation, these installations are still utilized resulting in, that all of our effluent is being pumped through a 14" diameter glass lined pipe to the International Paper Company's waste treatment plant, 4 miles away.

Based on these conditions, it is indicative that this facility is not required to apply for a Part A permit on 11-19-80.

I would very much appreciate it if you could verify this and what should be done to correct notification of the Hazardous Waste Activity report I submitted August 18, 1980 for this facility.

Very truly yours,

J. J. Iannucci

J. J. Iannucci
Technical Director



JAMES RIVER-OTIS, INC.

P.O. BOX 10, JAY, MAINE 04239 TEL: 207-897-6761

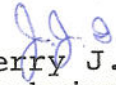
August 14, 1980

EPA - Region 1
Permits Branch
P. O. Box 8748
Boston, Ma. 02114

To Whom it May Concern:

Prior to James River Corporation's acquisition of the Otis Mill from International Paper Company, we did have an installation's EPA I.D. No., which under James River Otis is not valid. Therefore, I am requesting, from your office, an identifying EPA Identification No. for our James River Otis mill site to be used on all future documents when needed.

Very truly yours,


Jerry J. Iannucci
Technical Director
James River Otis

JJI:cd

5	W	M	E	D	C	8	6	8	7	5	8	8	7	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

J. O. Eubanks

J. O. Eubanks
Vice President, General Manager

8/14/90

EPA Form 8700-12 (6-80) REVERSE